

TFW 1754

PTO/SB/21 (09-04) (AW 10/2004)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 5

Application Number	10/538,341
Filing Date	April 21, 2006
First Named Inventor	Martin Graham Partridge et al.
Art Unit	1754
Examiner Name	
Attorney Docket No.	JMYS-130US

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Supplemental Application Data Sheet
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Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher R. Lewis		
Date	August 4, 2006	Registration No.	36,201

## CERTIFICATE OF TRANSMISSION / MAILING

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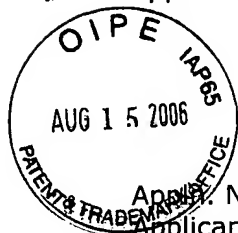
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Appln. No.: 10/538,341

JMYS-130US



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No.: 10/538,341  
Applicants: Martyn Graham Partridge et al.  
Filed: April 21, 2006  
Title: POLYMERISATION REACTION AND CATALYST THEREFOR  
TC/A.U.: 1754  
Examiner:  
Confirmation No.:  
Docket No.: JMYS-130US

**SUPPLEMENTAL APPLICATION DATA SHEET**  
**37 C.F.R. § 1.76(c)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following information on the Application Data Sheet is changed as indicated:

**BIBLIOGRAPHIC DATA**

1. Application information is being ☐ added ☐ deleted ☒ modified:

Application Number::

Filing Date::

Application Type::

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form  
(CRF)?::

Number of Copies of CRF::

Title::

Attorney Docket Number:: JMYS-130US

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Latin Name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed U.S. Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent  
Appl.?::

2. Applicant information is being ☐ added ☐ deleted ☐ modified:

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of  
Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing  
Address::

Country of Mailing Address::

Postal or Zip Code of Mailing  
Address::

3. Correspondence information is being ☐ added ☐ deleted ☐ modified:

Correspondence Customer  
Number::

Name::

Street of Mailing Address::

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State or Province of Mailing  
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Country of Mailing Address::

Postal or Zip Code of Mailing  
Address::

Phone Number::

Fax Number::

E-Mail Address::

4. Representative information is being ☐ added ☐ deleted ☐ modified:

Representative Customer Number:	
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5. Domestic priority information is being ☐ added ☐ deleted ☐ modified:

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

6. Foreign priority information is being ☐ added ☐ deleted ☐ modified:

Country::	Application Number::	Filing Date::	Priority Claimed::
			Yes or No

7. Assignee information is being ☐ added ☐ deleted ☐ modified:

Assignee Name::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address::	
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	

Respectfully submitted,



Christopher R. Lewis, Reg. No. 36,201  
Attorney for Applicants

CRL/lrb

Dated: August 4, 2006

P.O. Box 980  
Valley Forge, PA 19482-1980  
(610) 407-0700

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Lisa Bennett

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